

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040400

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 503

FILED OCT 22 1963

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY Deleware	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Jay	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If outside, give location) 402 2 nd	

3. NAME OF DECEASED (Type or print) First Ardy Middle Saneul Last Tosh			4. DATE OF DEATH Month 10 Day 17 Year 63		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-12-1890	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME Andrew Tosh			13b. MOTHER'S MAIDEN NAME Martha Robinson		
14. NAME OF HUSBAND OR WIFE Ruth Tosh			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		
16. SOCIAL SECURITY NO. 0			17. INFORMANT Address Mrs. Ruth Tosh Jay, Oklahoma		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus.		INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Phlebothrombosis left femoral vein.		2 days
DUE TO (c) Recent gastric surgery		5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ca of stomach with metastasis.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10 a.m. 05 p.m.	Month, Day, Year 10-6-63	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 10-17-63	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Jay	COUNTY Oklahoma	STATE Oklahoma
21. I attended the deceased from 10-6-63 to 10-17-63 and last saw him 10-17-63 Death occurred at 10:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 10-18-63	
22a. SIGNATURE <i>Don R. Housh</i> (Degree or Title)		22b. ADDRESS 2509 Jackson, Joplin, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-20-63	23c. NAME OF CEMETERY OR CREMATORY Council House Cemetery	23d. LOCATION (City, town, or county) Tiff City, Missouri
24. FUNERAL DIRECTOR Don R. Housh		25. DATE RECD. BY LOCAL REG. 10-19-1963	26. REGISTRAR'S SIGNATURE <i>Doyle Merriam</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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OCT 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Don R. Harsch

Licensed Embalmer No. 5113

P. O. Address Seneca, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.